



FAMILY PRACTICE RESIDENCY PROGRAMS

Request for Application

CAPITATION

**California Healthcare Workforce Policy Commission
400 R Street, Room 330
Sacramento, California 95811
(916) 326-3700**

February 2008


Healthcare Workforce Development Division
400 R Street, Room 330
Sacramento, California 95811
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ATTACHMENTS

A	Health and Safety Code, Section 128200-128240
B	Standards for Family Practice Residency Training Programs
C	Guidelines for Funding Applicants and for Program Evaluation for Family Practice Residency Training Programs
D	Contract Criteria for Family Practice Residency Training Program Contracts
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**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
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SCHEDULE AND DEADLINES

February 20, 2008	Release of Request for Application (RFA). Post RFA on the Song-Brown Health Care Workforce Training Program web site at: http://www.oshpd.ca.gov/HWDD/Song_Brown_Prog.html
April 22, 2008	APPLICATION DUE. Completed application must be received at the Commission office by 5:00 p.m. on due date. (Due date postmarks <u>will not</u> be accepted.)
April 23 – July 1, 2008	Review of applications
August 5-6, 2008	Commission meeting: Presentations by family practice programs; award of funds.
August 15, 2008	Send notices to awardees. Post and announce final Song-Brown Family Practice Training Program <u>awards</u> on the OSHPD web site at: http://www.oshpd.ca.gov/General_Info/Press_Room/index.html
September 2008 – January 2009	Write Contracts
September 2008 – January 2009	Send contract agreements to family practice programs for signatures.
July 1, 2009 – June 30, 2012	Contracts effective

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INFORMATION

AUTHORITY:

Pursuant to the Song-Brown Health Care Workforce Training Act, Health & Safety Code Sections 128200, et. seq., (see Attachment A) the California Healthcare Workforce Policy Commission (Commission) will be considering applications to support the training of family physicians at its next meeting on August 5 and 6, 2008. After review of the applications, recommendations for the award of contracts will be made by the Commission to the Director of the Office of Statewide Health Planning and Development (OSHPD).

FUNDING:

CRITERIA:

Applicants that have existing contracts with cycles that are expiring may apply for renewal of those cycles. **Renewal of cycles is not automatic.**

New residency positions are those positions in excess of positions available in the program for the 2008 -2009 academic years.

Family Practice capitation cycles, both renewal and new, provide funding to train one resident at a rate of \$17,205 per year for a period not to exceed three years.

The Song-Brown Act requires that training institutions approved for funding shall, as a minimum, maintain a level of expenditures equivalent to that expended during the 1973-74 fiscal year. Capitation contracts that begin July 1, 2003 or thereafter will have no resident maintenance of effort requirement beyond the number of Song-Brown cycles awarded.

Applicants awarded capitation cycles will enter into a contract with OSHPD for the fiscal period beginning on July 1, 2009 and ending on or before June 30, 2012. Indirect costs are not allowed on capitation contracts. Payments will be made on a quarterly basis (every three months) for 1/12 of the three-year cycle amount upon receipt of quarterly certification from the program documenting that the program has met the intent of the contract.

\$2.58 million will be available for Capitation awards. The Commission may award full funding, partial, or no funding to an applicant based on the applicant's success in meeting the selection criteria and the amount of funds available to award.

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ELIGIBILITY:

Each Family Practice Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall, prior to the initiation of training and the transfer of State funds:

- A. Be provided by an accredited medical school or teaching hospital that has programs or departments that recognize family practice as a major independent specialty, and are approved by the Residency Review Committee of the Accreditation Council for Graduate Medical Education (ACGME).

Each postgraduate osteopathic medical program in family practice approved for funding and contracted with under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall, prior to the initiation of training and the transfer of State funds:

- B. Be provided by an accredited medical school or a teaching hospital that has programs or departments that recognize family practice as a major independent specialty, and are approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet accreditation requirements of the AOA to ensure that Osteopathic Programs are comparable to Family Practice Residency Training Programs.

Listed on page v are those programs currently eligible to apply for renewal of capitation cycles.

SELECTION CRITERIA:

Each application will be reviewed by the Commission. Programs that demonstrate success in the following areas will be given priority for funding:

1. Placing graduates as family practice physicians, physician assistants, family nurse practitioners and registered nurses in areas of unmet need, and implementing strategies to prepare graduates to practice in areas of unmet need including:
 - a. Counseling and placement program designed to encourage training program graduates to enter practice in areas of unmet need.
 - b. Cultural competency and culturally responsive care strategies shall be incorporated into family practice residency training programs, physician assistant programs, family nurse practitioner programs and registered nurse education programs.

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2. Attracting and admitting members of underrepresented minority and/or economically disadvantaged groups to the program. This may include programs that implement procedures to identify, recruit and admit residents, students and trainees who possess characteristics that would suggest a predisposition to practice in areas of unmet need, and who express commitment to serve in areas unmet of need.
3. Location of the program and/or clinical training sites in areas of unmet need. This may include programs that incorporate a component of clinical experience and curriculum in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities to prepare graduates for service in such neighborhoods or communities.

(b) Additional factors the Commission may use to evaluate all programs include, but are not limited to the following:

1. Whether the program provides team training to teach family practice residents, family nurse practitioners and physician assistants how to work with and utilize physician assistants and/or family nurse practitioners in their practice, and to familiarize residents with the health care team approach to healthcare delivery.
2. Whether the faculty's experience and background lend support to the intent of the Song-Brown Program.
3. Whether the program has developed coherent ties with communities in areas of unmet need as evidenced by letters of support.

(c) Additional factors the Commission may use to evaluate a Family Practice Residency Training Program include, but are not limited to:

1. Whether the program utilizes, practicing family physicians from the local community in its training program.
2. Whether the program director is a physician certified by the American Board of Family Practice or American Osteopathic Board of Family Physicians.
3. Whether the program has an affiliation or relationship with any family nurse practitioner or physician assistant program.
4. Whether the program not based at a medical school, has a written agreement of affiliation or association with hospitals and other health education delivery systems and accredited medical schools.
5. Whether the program based at a medical school, has a family practice department or administrative unit equivalent to those of major clinical specialties.

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Programs eligible to apply for Capitation Cycle Renewal are listed below

Training Programs	Cycles Expiring 06/30/2008
County of Contra Costa	2
County of Riverside	1
County of Stanislaus	2
County of Ventura	2
Glendale Adventist Medical Center	0
Harbor – UCLA	2
Kaiser – Orange	1
Kern Medical Center	3
Loma Linda University	1
Long Beach Memorial Hospital	3
Mercy Medical Center, Merced	2
Mercy Medical Center, Redding	0
Methodist Hospital, Sacramento	0
Natividad Medical Center	2
Northridge Hospital Medical Center	1
Pomona Valley Hospital	1
Presbyterian Intercommunity	1
San Jose – O' Connor	1
Scripps Mercy, Chula Vista	3
Sutter Medical Center, Santa Rosa	3
UC Davis Medical Center	2
UC Irvine	2
UC Los Angeles	2
UC San Diego/St. Vincent de Paul	2
UCSF, Fresno	5
UCSF, San Francisco General Hospital	1
USC California Hospital	3
White Memorial Medical Center	3
Total Cycles	51

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QUESTIONS:

Questions regarding the Request for Application (RFA) and the review process may be submitted to OSHPD by contacting:

Manuela Lachica at (916) 326-3752, via e-mail at: mlachica@oshpd.ca.gov or by FAX at (916) 322-2588.

APPLICATION INFORMATION:

The applicant is to submit one completed checklist and one signed original application package with (17) copies, for a total of eighteen (18) complete applications.

Copies must be:

- Double-sided (back to back)
- Binder clipped together; **do not** use staples, rubber bands, paper clips, or folders.

Submit package to:

Office of Statewide Health Planning and Development
Health Care Workforce and Community Development Division
400 R Street, Room 330
Sacramento, California 95811
Attn: Manuela Lachica

DEADLINE:

The complete application package must be received at the address above by 5:00 p.m. Pacific Time on April 22, 2008. No extensions of the due date and/or time will be granted.

We encourage programs to submit their application packages in advance of the final deadline. If you would like to receive confirmation that we have received your application and that it is complete, please contact Melissa Omand at (916) 326-3753 momand@oshpd.ca.gov.

PLEASE NOTE: *Acceptance of applications will NOT be based on postmarks. It is the applicant's responsibility to ensure that the applications are received by the deadline.*

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INVITATION:

The Commission invites the Residency Director, or other authorized representative of the applicant to be present at its meeting on August 5 and 6, 2008, to provide a summary of the proposed application (no more than ten minutes in length) and answer any questions the Commission might have. Applicants are strongly encouraged to attend the Commission meeting and remain until funding decisions are made in order to be available to answer questions regarding the program and/or application which may arise subsequent to the presentation by the program. The applicant's authorized representative should be prepared to amend the request if the Commission suggests that such an amendment would enhance the applicant's chances for funding. Presentations will be heard by the Commission in the order that applications are received by OSHPD.

INSTRUCTIONS:

All applicants are to use the application with a revision date of [01/08/2008](#); using any other version of the application will disqualify the applicant from this funding cycle. This application is available by e-mail in Microsoft Word format. Please submit your requests for electronic format to Melissa Omand at (916) 326-3753 or momand@oshpd.ca.gov.

1. The application must be:
 - Typewritten, word-processed, or laser-printed
 - Single-spaced
 - No less than 12 point font
 - Numbered at the bottom of each page
2. All applicants must complete the Application Face Sheet and Section I through IX inclusive.
3. All questions included in the application must be addressed. If a question is not applicable to your program, answer N/A. If a question is left blank, the application will be considered incomplete and will be deemed ineligible.
4. If any acronyms or abbreviations are used, include an acronym or abbreviation definition page.
5. Unless otherwise directed within the application, use continuation pages if additional space is needed to complete any item. Please number these continuation pages using the following: Page 2, Page 2a, Page 2b, etc.

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The following are specific instructions related to each section of the application, failure to provide information as instructed could result in the application being disqualified.

Checklist

- All applicants must complete the enclosed checklist and submit it with the applications.

Application Face Sheet

- Program Director is the individual who is to direct the proposed program and who will be responsible for the program. The Program Director will be required each quarter to certify any expenditures pertaining to the contract. The Program Director is required to sign all quarterly certifications.
- Contract Organization is the institution which will be legally and financially responsible and accountable for all State funds awarded on the basis of this application. The contract is written with this organization. Please provide the name of the current Contracts Officer, phone number, and address where the contract should be mailed.
- Sign Application Face Sheet in blue ink.
- Any changes of Program Director or Contract Organization during the application period must be made known to OSHPD, attention Manuela Lachica, by formal letter as soon as possible.

Section I – Executive Summary/Program Statistics

- Complete all questions, indicate N/A if the question does not pertain to the applicant program.

Section II – Program Graduates

- Complete questions 1 and 2 on page 4.
- On page 5, provide the current practice site and complete address for each graduate of the 2004-2007 classes. The site provided must be the current practice site not the original placement site. If current practice site is unknown indicate N/A. If a graduate is working in private practice indicate as such.
- A complete address is considered to be: street address, city, and zip code.
- Do not use P.O. Boxes

Section III – Racial/Ethnic Background of Program Graduates/Residents
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- Complete Grid #1 on page 7.
- For all graduates/residents listed as other, specify the race/ethnicity including number of each.
- On page 8, describe the relevance of graduates/residents listed as other to the population served.

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Section IV – Training in Areas of Unmet Need

- Complete all questions on page 9, indicate N/A if the question does not pertain to the applicant program.
- On page 10, provide a complete address for each training site as listed in your most recent Residency Review Committee accreditation application.
- Do not use P.O. Boxes

Section V – Summary of Expenditures/Revenues

- List expenditures and revenue for requested fiscal year.

Section VI– Organization and Affiliation

- Complete questions A and B on page 12.

Section VII – Team Training

- Complete all questions, indicate N/A if the question does not pertain to the applicant program.

Section VIII - Faculty

- Complete all questions, indicate N/A if the question does not pertain to the applicant program.
- Faculty information must be presented on the forms provided.
- Provide sketches of up to six (6) key faculty members, completing one form for each faculty.

Section IX – Program Changes/Letters of Support

- Provide any significant changes in your program since the last application for Song-Brown funding.
- Provide letters of support from community organizations (e.g. clinics) associated with your program.

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CHECKLIST

Please use the following checklist to ensure your application includes all required items.
Include checklist in submission of RFA.

Face Sheet

- | |
|--|
| <input type="checkbox"/> All information completed |
| <input type="checkbox"/> Proper contract organization provided |
| <input type="checkbox"/> Appropriate signatures obtained |
| <input type="checkbox"/> Most recent accreditation letter attached |

Section I (Executive Summary/Program Statistics)

- | |
|---|
| <input type="checkbox"/> Summary of application with brief overview of proposal |
| <input type="checkbox"/> Provided justification for any expansion funds |
| <input type="checkbox"/> All questions answered in the proper format (see pg. vii for instructions) |

Section II (Program Graduates)

- | |
|--|
| <input type="checkbox"/> Provided program graduate data for the 2004 through 2007 graduating classes |
| <input type="checkbox"/> Provided <u>complete</u> addresses for graduates current practice site (see page viii for definition of a complete address) |

Section III (Racial/Ethnic Background of Program Graduates/Residents)
--

- | |
|---|
| <input type="checkbox"/> Grid #1 completed |
| <input type="checkbox"/> Total graduates for each year equals the total # of "URM's" plus "others" reported (lines A-G) |
| <input type="checkbox"/> For graduates reported as "other", specified race/ethnicity including number of each and described relevance to population served. |

Section IV (Training in Areas of Unmet Need)

- | |
|---|
| <input type="checkbox"/> All questions answered in the proper format (see pg. vii for instructions) |
| <input type="checkbox"/> Complete addresses provided for training sites |

Section V (Summary of Expenditures/Revenues)

- | |
|---|
| <input type="checkbox"/> Provided recap of expenditures and revenues for the 2006-07 fiscal year. |
|---|

Section VI (Organization and Affiliation)
--

- | |
|---|
| <input type="checkbox"/> All questions answered in the proper format (see pg. vii for instructions) |
|---|

Section VII (Team Training)

- | |
|--|
| <input type="checkbox"/> All questions answered in proper format (see page vii for instructions) |
|--|

Section VIII (Faculty)

- | |
|--|
| <input type="checkbox"/> Up to six biographical sketches provided using appropriate format (see page vii for instructions) |
|--|

Section IX (Program Changes/Letters of Support)
--

- | |
|--|
| <input type="checkbox"/> Summary of significant changes to program provided |
| <input type="checkbox"/> Provided letters of support from community based organizations associated with your program |
| <input type="checkbox"/> Acronym or abbreviation page – provided if acronyms or abbreviations used in the application |

Note: The application packet must be complete when submitted. Incomplete applications will be deemed ineligible.

Program Director Signature

Date

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For Commission Use Only:

Application I.D. No. _____

FACE SHEET

(To Be Completed by Applicant Agency)

Title of Training Program

Program Director Name

Degrees

Title of Position

Mailing Address (Organization, Street, City, State, Zip Code)

Telephone No.

E-Mail Address

FAX Number

Federal Tax ID Number

Funds Applying for:	Number Requested	x	Rate	=	Total Requested
Capitation-Renewal (3-yr)	_____	x	\$51,615.00		_____
Capitation-Expansion	_____	x	\$51,615.00		_____
Capitation-New, No Expansion	_____	x	\$51,615.00		_____
Grand Total Requested:					\$ _____

Attach copies of the most recent approval letter from the appropriate accrediting agency

Contract Organization (Name)

Address (Street, City, State, Zip Code)

Chief Administrative Officer
Applicant Institution

Name and Title of Contracts Officer for
Applicant Institution

Telephone Number (Area Code, Number, Extension)
of Contracts Officer

E-Mail Address

CERTIFICATION AND ACCEPTANCE:

SIGNATURES: (Please sign original application in blue ink)

**We, the undersigned, certify that the statements
herein are true and complete to the best of our
knowledge:**

Program Director

Administrative Authority

Date

Date

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Section I - Executive Summary/Program Statistics

Executive Summary:

Provide a summary of your application (no more than two paragraphs) containing a brief overview of your proposal. Provide justification for any expansion funds.

Program Statistics:

How many family practice residents were trained in your program by year of residency on July 1, 2006

First Year _____
Second Year _____
Third Year _____

How many family practice residents were trained in your program by year of residency on July 1, 2007?

First Year _____
Second Year _____
Third Year _____

How many family practice residents will be trained in your program by year of residency on July 1, 2008?

First Year _____
Second Year _____
Third Year _____

Please answer the following questions in the space provided:

1. For your academic year **2008/09**:

- a. During your most recent match, *how* many total positions were offered within your training program?
- b. During your most recent match, how many positions were filled within your training program?
- c. How many of those were filled through the match?

2. How many Song-Brown funded residents will be trained in your program by year of residency on 7/1/08?

PG-1	
PG-2	
PG-3	

3. What is the average number of patients seen by a PGY-1, PGY-2 and PGY-3 based on a class year of July – June and covering the family practice clinic?

PG-1	
PG-2	
PG-3	

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Section I - Executive Summary/Program Statistics

4. How many residents are sufficiently fluent in a second language to conduct a patient history or exam?

Using the table provided below provide a breakdown of languages spoken. Add other languages spoken if applicable.

Language	PG-1	PG-2	PG-3
American Sign			
Arabic			
Armenian			
Cambodian			
Cantonese			
Chinese			
Farsi			
French			
German			
Hebrew			
Hindi			
Hmong			
Italian			
Japanese			
Korean			
Lao			
Mandarin			
Polish			
Portuguese			
Punjabi			
Russian			
Samoan			
Spanish			
Tagalog			
Thai			
Turkish			
Vietnamese			
Total			

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Section II- Program Graduates

(Priority for funding shall be given to programs that demonstrate success in this area)

1. Describe the training program's counseling and placement program designed to encourage graduates to practice in areas of need.

2. How does your program prepare graduates to provide culturally competent/culturally responsive care in medically underserved areas? Specifically:
 - a) How does your program define culturally competent/culturally responsive care?
 - b) How do you incorporate culturally competent/culturally responsive care into your curriculum?
 - c) How does it benefit or relate to your patient population?

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Section II - Program Graduates

(Priority for funding shall be given to programs that demonstrate success in this area)

List graduates of the residency program for each graduating class from June 2004 through June of 2007, beginning with 2004 first. Provide most current practice site (one line per graduate). If graduate is working in a private practice indicate as such.

You may locate the OSHPD ID for a California licensed hospital or community clinic using the following web site:
<http://www.oshpd.ca.gov/HQAD/Hospital/hosplist.htm> and <http://www.oshpd.ca.gov/HQAD/Clinics/clinlist.htm>. Indicate N/A if the site is neither a licensed hospital nor community clinic.

*NHSC or STLRP Recipient	Grad Year	Physician Name	Name of Current Practice Site	OSHPD ID	Certified by ABFM or AOBFP		Year of Certification
			Street, City, & Zip Code -DO NOT USE P.O. BOXES-		Yes	No	

*Identify if graduate is a National Health Service Corp. (NHSC) or Steven M. Thompson (STLRP) recipient.

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Section III – Racial/Ethnic Background of Program Graduates/Residents

(Priority for funding shall be given to programs that demonstrate success in this area)

List the racial/ethnic background of graduates and current residents of your program on Grid #1, page 7. Based on the definitions below, pick the category that best describes each graduate/current resident.

CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION'S

RACE/ETHNICITY DEFINITIONS

* Underrepresented Minority (URM) refers to racial and ethnic populations that are underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include African - Americans, Hispanics or Latinos, American Indians, Alaskan natives, Native Hawaiians or other Pacific Islanders, and Asians **other than: Chinese, Filipinos, Japanese, Korean, Malaysians, Pakistanis, Asian Indian, and Thai.**

American Indian or Alaska Native means persons having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community.

Asian means persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent except Chinese, Filipinos, Japanese, Korean, Malaysians, Pakistanis, Asian Indians, or Thai.

Black or African American means persons having origins in any of the black racial groups of Africa.

Hispanics or Latino means persons of Cuban, Mexican, Puerto Rican, and Central or South American origin, regardless of race.

Native Hawaiian or Other Pacific Islander means persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White/ Caucasian means persons having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Other means persons of any race or ethnicity not identified as American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or Other Pacific Islander, and White or Caucasian.

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Section III – GRID #1
Racial/Ethnic Background of Program Graduates/Residents
(Priority for funding shall be given to programs that demonstrate success in this area)

	A	B	C	D	E	F	G	
Category	American Indian or Alaska Native	¹ Asian	Black or African American	Hispanic or Latino	Native Hawaiian or Pacific Islander	White/ Caucasian	² Other	Total Graduates/ Residents
Graduates in 2004-05								
Graduates in 2005-06								
Graduates in 2006-07								
Total								
Numbers for Entering First Year Residents as of 7/1/08								
PG-1								
PG-2								
PG-3								
Total								

¹Asian (other than Chinese, Filipinos, Japanese, Korean, Malaysians, Pakistanis, Asian Indian, and Thai).

²Other (all other graduates/residents not indicated in lines A-F). Specify race/ethnicity including **number of each**. On the following page, describe relevance to the population being served.

Total Graduates/residents = line A-G

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Section III – Racial/Ethnic Background of Program Graduates/Residents

(Priority for funding shall be given to programs that demonstrate success in this area)

For any graduate/resident identified as “Other” on Grid #1, describe their relevance to the population being served.

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Section IV - Training in Areas of Unmet Need

(Priority for funding shall be given to programs that demonstrate success in this area)

1. Explain the program's strategy to increase the delivery of primary care services in specific areas of California where there is a recognized priority need for primary care services.

2. Please use the table on the next page to provide a complete address where your programs training sites are located. **Do not use P.O. Boxes.**

3. For each training site located in a primary care area of unmet need, describe the effect your training program has had in improving health care delivery in that area.

4. Explain the program strategies developed to identify, recruit and match residents who possess characteristics which would suggest a predisposition to practice in areas of unmet need and express commitment to serve in those areas?

5. What components of the training program prepare graduates to provide health care to underserved populations? Indicate how many of your residents and what percentage of the total enrollment participate in each of these training components. How much time does each resident spend on each component?

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Section IV – Training in Areas of Unmet Need

(Priority for funding shall be given to programs that demonstrate success in this area)

Provide a complete address where your training program's training sites are located as listed in your most recent Residency Review Committee accreditation application.

List only those sites through which all of your residents are required to rotate during the course of their training. Include any new rotations that may have been added since your last accreditation application. **Each site should only be listed once.**

You may locate the OSHPD ID for a California licensed hospital or community clinic using the following web site:

<http://www.oshpd.ca.gov/HQAD/Hospital/hosplist.htm> and <http://www.oshpd.ca.gov/HQAD/Clinics/clinlist.htm>

*NHSC Site:	Name of Site:	Address: (show street, city, & zip code) -DO NOT USE P.O. BOXES-	OSHPD ID	Length of Rotation in Months:		
				PG - 1	PG - 2	PG - 3

*Please identify if site is a National Health Service Corp (NHSC) site

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Section V – Summary of Expenditures/Revenues (2006-2007 Fiscal Year)

EXPENDITURES (2006-07 FISCAL YEAR)

Faculty Costs	_____
Residency Stipends	_____
Costs of Family Practice Center	_____
All other Costs	_____
TOTAL	_____

REVENUES (2006-07 FISCAL YEAR)

Federal Funding	_____
Research Grants	_____
Private Grants or Legacies	_____
Medical School Support (if community hospital or affiliated residency)	_____
Institutional support (parent institution)	_____
Family Practice Center	_____
State of California (Health Care Workforce Training Act)	_____
Other (Please explain)	_____
TOTAL	_____

[If total costs do not equal total revenues, please explain]

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Section VI - Organization and Affiliation

- A. For programs based at a medical school, provide evidence that family medicine is recognized as a major independent specialty. What is the organizational status of family medicine in the medical school (e.g., department, division)? Provide information on the names and academic titles of family physician faculty at the medical school.
- B. For programs not based at a medical school, indicate if an affiliation agreement exists with a medical school. If no affiliation exists, explain why. Provide a copy of the most recent affiliation agreement, if one has not previously been furnished to the Commission, or if there has been a change in the agreement since the last application cycle. Submit this affiliation agreement along with the application. **Do not bind the agreement to the application.**

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION

Section VII – Team Training

1. Describe how the residency program structures its training to encourage graduates to practice as a member of a health care team that includes nurse practitioners and/or physician's assistants.
2. Provide the total FTE numbers of Family Nurse Practitioners and or Physician Assistants functioning within the residency program.
3. Describe the duties of any NPs and/or PAs functioning within the residency program.
4. Describe any affiliation or relationship with a primary care nurse practitioner and/or physician assistant training program.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

Section VIII- A -- Faculty

Biographical Sketch. Give the following information for each of the six [6] key professional staff members, whether or not salary is requested. Begin with the Program Director. Do not include any faculty or staff who spends less than 50 percent time in the Training Program. If necessary use additional pages.

Name (Last, First, Initial)	Academic Title
	Program Title

What percentage of professional time is to be devoted to the program?

EDUCATION (Begin with baccalaureate training, include postdoctoral)

Institution	Degree	Year Conferred	Discipline
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Honors/Teaching Awards

Relevant Major Research; Scholarly Activity or Community Service related to Song-Brown

List Recent Relevant Publications

Professional and/or Research Experience (Start with present position and list recent significant experience relevant to program. Detail specific experience in family practice.)

SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION

Section VIII- A -- Faculty

List American Board of Family Medicine-Certified Family Physicians or American Osteopathic Board of Family Physicians who regularly participate in your Residency Program. Identify whether they are full-or part-time regular faculty or are community physicians who attend the family practice center or otherwise precept residents. Place an asterisk (*) next to each family physician who is a graduate of the applicant family practice residency program.

Please ensure that all certifications are current

NAME	PROGRAM ROLE	PERCENT FTE OR HOURS PER MONTH	DATE OF MOST RECENT CERTIFICATION (ABFM OR AOBFP)

* = Graduates of Applicant Residency Program

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

Section VIII- A -- Faculty

List physician faculty (other than **ABFM**, or **AOBFP**-certified physicians) and non-physician faculty who spend more than 30 hours a week in the **FP** residency program. **DESCRIBE THEIR ROLE IN THE RESIDENCY PROGRAM.**

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

Section VIII- B -- Local Physician

Describe how practicing family physicians from the local community are utilized in the training program.

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
FAMILY PRACTICE RESIDENCY PROGRAM
REQUEST FOR APPLICATION**

Section IX - Program Changes/Letters of Support

1. If there have been any significant changes in your residency program since your last application for Song-Brown funding, please explain.

2. Provide letters of support from community based organizations (e.g. clinics) associated with your program.

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

128200. (a) This article shall be known and may be cited as the Song-Brown Health Care Workforce Training Act.

(b) The Legislature hereby finds and declares that physicians engaged in family practice are in very short supply in California. The current emphasis placed on specialization in medical education has resulted in a shortage of physicians trained to provide comprehensive primary health care to families. The Legislature hereby declares that it regards the furtherance of a greater supply of competent family physicians to be a public purpose of great importance and further declares the establishment of the program pursuant to this article to be a desirable, necessary and economical method of increasing the number of family physicians to provide needed medical services to the people of California. The Legislature further declares that it is to the benefit of the state to assist in increasing the number of competent family physicians graduated by colleges and universities of this state to provide primary health care services to families within the state.

The Legislature finds that the shortage of family physicians can be improved by the placing of a higher priority by public and private medical schools, hospitals, and other health care delivery systems in this state, on the recruitment and improved training of medical students and residents to meet the need for family physicians. To help accomplish this goal, each medical school in California is encouraged to organize a strong family practice program or department. It is the intent of the Legislature that the programs or departments be headed by a physician who possesses specialty certification in the field of family practice, and has broad clinical experience in the field of family practice.

The Legislature further finds that encouraging the training of primary care physician's assistants and primary care nurse practitioners will assist in making primary health care services more accessible to the citizenry, and will, in conjunction with the training of family physicians, lead to an improved health care delivery system in California.

Community hospitals in general and rural community hospitals in particular, as well as other health care delivery systems, are encouraged to develop family practice residencies in affiliation or association with accredited medical schools, to help meet the need for family physicians in geographical areas of the state with recognized family primary health care needs. Utilization of expanded resources beyond university-based teaching hospitals should be emphasized, including facilities in rural areas wherever possible.

The Legislature also finds and declares that nurses are in very short supply in California. The Legislature hereby declares that it regards the furtherance of a greater supply of nurses to be a public purpose of great importance and further declares the expansion of the program pursuant to this article to include nurses to be a desirable, necessary, and economical method of increasing the number of nurses to provide needed nursing services to the people of California.

It is the intent of the Legislature to provide for a program designed primarily to increase the number of students and residents receiving quality education and training in the specialty of family practice and as primary care physician's assistants and primary care nurse practitioners, and registered nurses and to maximize the

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

delivery of primary care family physician services to specific

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

areas of California where there is a recognized unmet priority need. This program is intended to be implemented through contracts with accredited medical schools, programs that train primary care physician's assistants and programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems based on per-student or per-resident capitation formulas. It is further intended by the Legislature that the programs will be professionally and administratively accountable so that the maximum cost-effectiveness will be achieved in meeting the professional training standards and criteria set forth in this article and Article 2 (commencing with Section 128250).

128205. As used in this article, and Article 2 (commencing with Section 128250), the following terms mean:

(a) "Family physician" means a primary care physician who is prepared to and renders continued comprehensive and preventative health care services to families and who has received specialized training in an approved family practice residency for three years after graduation from an accredited medical school.

(b) "Associated" and "affiliated" mean that relationship that exists by virtue of a formal written agreement between a hospital or other health care delivery system and an approved medical school which pertains to the family practice training program for which state contract funds are sought. This definition shall include agreements that may be entered into subsequent to October 2, 1973, as well as those relevant agreements that are in existence prior to October 2, 1973.

(c) "Commission" means the ¹Healthcare Workforce Policy Commission.

(d) "Programs that train primary care physician's assistants" means a program that has been approved for the training of primary care physician assistants pursuant to Section 3513 of the Business and Professions Code.

(e) "Programs that train primary care nurse practitioners" means a program that is operated by a California school of medicine or nursing, or that is authorized by the Regents of the University of California or by the Trustees of the California State University, or that is approved by the Board of Registered Nursing.

(f) "Programs that train registered nurses" means a program that is operated by a California school of nursing and approved by the Board of Registered Nursing, or that is authorized by the Regents of the University of California, the Trustees of the California State University, or the Board of Governors of the California Community Colleges, and that is approved by the Board of Registered Nursing.

128210. There is hereby created a state medical contract program with accredited medical schools, programs that train primary care physician's assistants, programs that train primary care nurse practitioners, programs that train registered nurses, hospitals, and other health care delivery systems to increase the number of students and residents receiving quality education and training in the specialty of family practice or in nursing and to maximize the delivery of primary care family physician services to specific areas of California where there is a recognized unmet priority need for those services.

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

128215. There is hereby created a Healthcare Workforce Policy Commission. The commission shall be composed of 15 members who shall serve at the pleasure of their appointing authorities:

- (a) Nine members appointed by the Governor, as follows:
 - (1) One representative of the University of California medical schools, from a nominee or nominees submitted by the University of California.
 - (2) One representative of the private medical or osteopathic schools accredited in California from individuals nominated by each of these schools.
 - (3) One representative of practicing family physicians.
 - (4) One representative who is a practicing osteopathic physician or surgeon and who is board certified in either general or family practice.
 - (5) One representative of undergraduate medical students in a family practice program or residence in family practice training.
 - (6) One representative of trainees in a primary care physician's assistant program or a practicing physician's assistant.
 - (7) One representative of trainees in a primary care nurse practitioner's program or a practicing nurse practitioner.
 - (8) One representative of the Office of Statewide Health Planning and Development, from nominees submitted by the office director.
 - (9) One representative of practicing registered nurses.
- (b) Two consumer representatives of the public who are not elected or appointed public officials, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Rules Committee.
- (c) Two representatives of practicing registered nurses, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (d) Two representatives of students in a registered nurse training program, one appointed by the Speaker of the Assembly and one appointed by the Chairperson of the Senate Committee on Rules.
- (e) The Chief of the Health Professions Development Program in the Office of Statewide Health Planning and Development, or the chief's designee, shall serve as executive secretary for the commission.

128220. The members of the commission, other than state employees, shall receive compensation of twenty-five dollars (\$25) for each day's attendance at a commission meeting, in addition to actual and necessary travel expenses incurred in the course of attendance at a commission meeting.

128224. The commission shall identify specific areas of the state where unmet priority needs for dentists, physicians, and registered nurses exist.

128225. The commission shall do all of the following:

- (a) Identify specific areas of the state where unmet priority needs for

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SECTION 128200-128240**

primary care family physicians and registered nurses exist.

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SECTION 128200-128240**

(b) Establish standards for family practice training programs and family practice residency programs, postgraduate osteopathic medical programs in family practice, and primary care physician assistants programs and programs that train primary care nurse practitioners, including appropriate provisions to encourage family physicians, osteopathic family physicians, primary care physician's assistants, and primary care nurse practitioners who receive training in accordance with this article and Article 2 (commencing with Section 128250) to provide needed services in areas of unmet need within the state. Standards for family practice residency programs shall provide that all the residency programs contracted for pursuant to this article and Article 2 (commencing with Section 128250) shall both meet the Residency Review Committee on Family Practice's "Essentials" for Residency Training in Family Practice and be approved by the Residency Review Committee on Family Practice. Standards for postgraduate osteopathic medical programs in family practice, as approved by the American Osteopathic Association Committee on Postdoctoral Training for interns and residents, shall be established to meet the requirements of this subdivision in order to ensure that those programs are comparable to the other programs specified in this subdivision. Every program shall include a component of training designed for medically underserved multicultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare program graduates for service in those neighborhoods and communities. Medical schools receiving funds under this article and Article 2 (commencing with Section 128250) shall have programs or departments that recognize family practice as a major independent specialty. Existence of a written agreement of affiliation or association between a hospital and an accredited medical school shall be regarded by the commission as a favorable factor in considering recommendations to the director for allocation of funds appropriated to the state medical contract program established under this article and Article 2 (commencing with Section 128250).

For purposes of this subdivision, "family practice" includes the general practice of medicine by osteopathic physicians.

(c) Establish standards for registered nurse training programs. The commission may accept those standards established by the Board of Registered Nursing.

(d) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments and family practice residencies and programs for the training of primary care physicians assistants and primary care nurse practitioners that are submitted to the Health Professions Development Program for participation in the contract program established by this article and Article 2 (commencing with Section 128250). If the commission determines that a program proposal that has been approved for funding or that is the recipient of funds under this article and Article 2 (commencing with Section 128250) does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning

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SECTION 128200-128240**

and Development to make advance allocations for program development costs from

**HEALTH AND SAFETY CODE
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amounts appropriated for the purposes of this article and Article 2 (commencing with Section 128250).

(e) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of registered nurse training programs that are submitted to the Health Professions Development Program for participation in the contract program established by this article. If the commission determines that program proposal that has been approved for funding or that is the recipient of funds under this article does not meet the standards established by the commission, it shall submit to the Director of the Office of Statewide Health Planning and Development and the Legislature a report detailing its objections. The commission may request the Office of Statewide Health Planning and Development to make advance allocations for program development costs from amounts appropriated for the purposes of this article.

(f) Establish contract criteria and single per-student and per-resident capitation formulas that shall determine the amounts to be transferred to institutions receiving contracts for the training of family practice students and residents and primary care physician's assistants and primary care nurse practitioners and registered nurses pursuant to this article and Article 2 (commencing with Section 128250), except as otherwise provided in subdivision (d). Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of these single capitation formulas. The director may grant the waiver in exceptional cases upon a clear showing by the institution that a waiver is essential to the institution's ability to provide a program of a quality comparable to those provided by institutions that have not received waivers, taking into account the public interest in program cost-effectiveness. Recipients of funds appropriated by this article and Article 2 (commencing with Section 128250) shall, as a minimum, maintain the level of expenditure for family practice or primary care physician's assistant or family care nurse practitioner training that was provided by the recipients during the 1973-74 fiscal year. Recipients of funds appropriated for registered nurse training pursuant to this article shall, as a minimum, maintain the level of expenditure for registered nurse training that was provided by recipients during the 2004-05 fiscal year. Funds appropriated under this article and Article 2 (commencing with Section 128250) shall be used to develop new programs or to expand existing programs, and shall not replace funds supporting current family practice or registered nurse training programs. Institutions applying for or in receipt of contracts pursuant to this article and Article 2 (commencing with Section 128250) may appeal to the director for waiver of this maintenance of effort provision. The director may grant the waiver if he or she determines that there is reasonable and proper cause to grant the waiver.

(g) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of special programs that may be funded on other than a capitation rate basis. These special programs may include the development and funding of the training of primary health care teams of family practice residents or family physicians and primary care physician assistants or primary care nurse practitioners or registered nurses,

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undergraduate medical education programs in family practice, and programs that link

**HEALTH AND SAFETY CODE
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training programs and medically underserved communities in California that appear likely to result in the location and retention of training program graduates in those communities. These special programs also may include the development phase of new family practice residency, primary care physician assistant programs, or primary care nurse practitioner programs, or registered nurse programs.

The commission shall establish standards and contract criteria for special programs recommended under this subdivision.

(h) Review and evaluate these programs regarding compliance with this article and Article 2 (commencing with Section 128250). One standard for evaluation shall be the number of recipients who, after completing the program, actually go on to serve in areas of unmet priority for primary care family physicians in California or registered nurses who go on to serve in areas of unmet priority for registered nurses.

(i) Review and make recommendations to the Director of the Office of Statewide Health Planning and Development on the awarding of funds for the purpose of making loan assumption payments for medical students who contractually agree to enter a primary care specialty and practice primary care medicine for a minimum of three consecutive years following completion of a primary care residency training program pursuant to Article 2 (commencing with Section 128250).

128230. When making recommendations to the Director of the Office of Statewide Health Planning and Development concerning the funding of family practice programs or departments, family practice residencies, and programs for the training of primary care physician assistants and primary care nurse practitioners, or registered nurses, the commission shall give priority to programs that have demonstrated success in the following areas:

- (a) Actual placement of individuals in medically underserved areas.
- (b) Success in attracting and admitting members of minority groups to the program.
- (c) Success in attracting and admitting individuals who were former residents of medically underserved areas.
- (d) Location of the program in a medically underserved area.
- (e) The degree to which the program has agreed to accept individuals with an obligation to repay loans awarded pursuant to the Health Professions Education Fund.

128235. Pursuant to this article and Article 2 (commencing with Section 128250), the Director of the Office of Statewide Health Planning and Development shall do all of the following:

- (a) Determine whether family practice, primary care physician assistant training programs proposals, and primary care nurse practitioner training program proposals, and registered nurse training program proposals submitted to the¹Healthcare Workforce Policy Commission for participation in the state medical contract program established by this article and Article 2 (commencing with Section 128250) meet the standards established by the commission.

- (b) Select and contract on behalf of the state with accredited medical

**HEALTH AND SAFETY CODE
SECTION 128200-128240**

schools, programs that train primary care physician assistants, programs that train primary care nurse practitioners, hospitals, and other health care delivery systems for the purpose of training undergraduate medical students and residents in the specialty of family practice. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for primary care family physicians. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(c) Select and contract on behalf of the state with programs that train registered nurses. Contracts shall be awarded to those institutions that best demonstrate the ability to provide quality education and training and to retain students and residents in specific areas of California where there is a recognized unmet priority need for registered nurses. Contracts shall be based upon the recommendations of the commission and in conformity with the contract criteria and program standards established by the commission.

(d) Terminate, upon 30 days' written notice, the contract of any institution whose program does not meet the standards established by the commission or that otherwise does not maintain proper compliance with this part, except as otherwise provided in contracts entered into by the director pursuant to this article and Article 2 (commencing with Section 128250).

128240. The Director of the Office of Statewide Health Planning and Development shall adopt, amend, or repeal regulations as necessary to enforce this article and Article 2 (commencing with Section 128250), which shall include criteria that training programs must meet in order to qualify for waivers of single capitation formulas or maintenance of effort requirements authorized by Section 128250. Regulations for the administration of this chapter shall be adopted, amended, or repealed as provided in Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

**STANDARDS FOR FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
ADOPTED BY THE ¹CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
(*Revised May 13, 1998)**

- I. Each Family Practice Residency Training Program approved for funding and contracted with under the Song-Brown Health Care Workforce Training Act (hereinafter “the Act”) shall, prior to the initiation of training and the transfer of State funds:
- A. Meet the American Medical Association’s “Essentials for Residency Training in Family Practice”, and
 - B. Be approved by the Residency Review Committee on Family Practice of the American Medical Association, as documented in a formal letter of approval from the Residency Review Committee, or the Liaison Committee on Graduate Medical Education, and
 - C. Be provided by an accredited medical school or a teaching hospital which has programs or departments that recognize family practice as a major independent specialty,

or

For postgraduate osteopathic medical programs in family practice:

- A. Be approved by the American Osteopathic Association (AOA) Council on Postdoctoral Training and meet requirements to ensure that Osteopathic Programs are comparable to programs specified above and
 - B. Be accredited as an “Osteopathic Postdoctoral Training Institution” (OPTI) by the Bureau of Professional Education through the Council on Postdoctoral Training (COPT) and
 - C. Meet C requirement above.
- II. Each Family Practice Residency Training Program, or Post Graduate Osteopathic Medical Program in Family Practice, approved for funding under the Act shall include a component of training in medically underserved multi-cultural communities, lower socioeconomic neighborhoods, or rural communities, and shall be organized to prepare family physicians for service in such neighborhoods and communities.

*Section I, C, on February 7, 2002, the California Healthcare Workforce Policy Commission affirmed that the revision of May 13, 1998 constitutes the current and correct version of the standards.

¹Name Change Revised 1/2/04

**STANDARDS FOR FAMILY PRACTICE RESIDENCY TRAINING PROGRAMS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
ADOPTED BY THE ¹CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
(*Revised May 13, 1998)**

- III. Appropriate strategies shall be developed by each training institution receiving funds under the Act to encourage Family Physicians who are trained in the training program funded by the Act, to enter into practice in areas of unmet priority need for primary care family physicians within California as defined by the Healthcare Workforce Policy Commission (hereinafter referred to as "areas of need"). Such strategies shall incorporate the following elements:
- A. An established procedure to identify, recruit and match family practice residents who possess characteristics which would suggest a predisposition to practice in areas of need, and who express a commitment to serve in areas of need.
 - B. An established counseling and placement program designed to encourage training program graduates to enter practice in areas of need.
 - C. A program component such as a preceptorship experience in an area of need, which will enhance the potential of training program graduates to practice in such an area.

¹Name Change Revised 1/2/04

**¹HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised JUNE 11, 1999)**

Definition of Family Practice

For the purposes of this program, family practice is defined as that field of medical practice in which the physician, by virtue of training and experience, is qualified to practice in several fields of medicine and surgery, with special emphasis on the family unit, serving as the physician of first contact and means of entry into the health care system, providing comprehensive and continuing health care, and utilizing consultation with other medical experts where appropriate.

Strategies Relating to Areas of Need

Special consideration by the Healthcare Workforce Policy Commission is given those training programs which have developed coherent strategies for locating their graduates in California's areas of unmet priority need for primary care family physicians as defined by the Commission; which have developed close ties with communities and neighborhoods which are experiencing a shortage of medical care; which have success in attracting and admitting members of minority groups to the program; and which have the best records in placing graduates in medically underserved areas.

Concept of Health Care Teams

Training programs should be so organized as to teach family practice residents how to work with and utilize physician assistants and/or nurse practitioners in their practice, and to familiarize residents with the health care team approach to health care delivery. Special consideration is given family practice residency training programs, which are integrated with primary care physician assistant or primary care nurse practitioner training programs.

Involvement of Local Community Physicians

Practicing family physicians in the local community should be utilized in the residency training programs.

Board-Certified Training Program Director

The family practice residency training program director should be a physician certified by the American Board of Family Practice or American Osteopathic Board of Family Physicians.

Existence of Department of Family Practice or Equivalent

Training institutions shall have a family practice department or administrative unit equivalent to those of the major clinical specialties.

¹Name Change Revised 1/2/04

**¹HEALTHCARE WORKFORCE POLICY COMMISSION
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM
GUIDELINES FOR FUNDING APPLICANTS AND FOR PROGRAM EVALUATION
(Revised JUNE 11, 1999)**

Meaningful Affiliation between Hospitals or other Health Care Delivery Systems and Approved Medical Schools

In assessing how meaningful an agreement of affiliation or association is between hospitals or other health care delivery systems and approved medical schools, the following criteria are used by the Commission in regards to family practice residency training programs:

1. A written agreement exists.
2. Residents, upon successfully completing the residency program, receive a certificate from the affiliated university medical school.
3. The Director of the program and key faculty have teaching appointments at the university.
4. The university assumes some of the costs of the training program.
5. The university supplies teaching support to some significant degree.
6. The institution accepts a program of quality assessment instituted by the university.

¹Name Change Revised 1/2/04

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)**

I. Contract Awards

- A. Each contract entered into, pursuant to the Song-Brown Health Care Workforce Training Act, Health and Safety Code, Sections 12800, et., (hereinafter “the Act”), shall be based on the recommendation of the ¹Healthcare Workforce Policy Commission to the Director of the Office of Statewide Health Planning and Development recorded in the Healthcare Workforce Policy Commission official minutes.
- B. Each contract shall be for a purpose authorized by the Healthcare Workforce Policy Commission Standards for Family Practice Residency Training Programs.
- C. Each contract shall be between the Office of Statewide Health Planning and Development and a Contractor authorized to apply for funds by the Healthcare Workforce Policy Commission Standards for Family Practice Residency Training Programs.
- D. Purpose for Which Contract Funds May be Expended
 - 1. Contract funds may be expended for any purpose which the training institution judges will most effectively advance the training of family practice residents, but may not be expended for any purpose specifically prohibited by State law, by these contract criteria, or by the contract with the training institution.
 - 2. Contract funds may be used for expenses incurred for the provision of training, including faculty and staff salaries, family practice residents stipends, alterations and renovations necessary to the provision of the residency training programs, and supplies and travel directly related to the training program.
 - 3. Contract funds may be used for new construction only when such construction is specifically provided for in the contract.
- E. Maintenance of Effort

Training institutions approved for funding under the Act shall, as a minimum, maintain a level of expenditures equivalent to that expended on the family practice residency training programs during the 1973-74 fiscal year. Capitation contracts that begin July 1, 2003 or thereafter will have no resident maintenance of effort requirement beyond the number of Song-Brown cycles awarded.

¹Name Change Revised 1/2/04

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)**

II. Contract Terms

- A. Funds must be expended during such months and in accordance with such provisions as are provided in the Contract, which shall be in accordance with recommendations of the Healthcare Workforce Policy Commission.
- B. Payment shall be made quarterly in arrears on the basis of amounts set forth by the Contractor with final invoice submitted within 120 days of contract's end to the Healthcare Workforce and Community Development Division. The invoice shall include the name of the person employed under this contract, certification by the Program Director that the person was engaged in activities authorized by this agreement, and costs to the Contractor for the services for which reimbursement is sought. The required invoice format shall be provided to the Contractor prior to the effective date of the Contract.
- C. Each Contract shall specify the total amount allowable under the Contract and allowable in each budget category authorized under the Contract, and shall be in accordance with recommendations of the Healthcare Workforce Policy Commission. Transfer of funds between budget categories is permitted only with express written permission of the Deputy Director of the Healthcare Workforce and Community Development Division, and only when not prohibited by other provisions of these Contract Criteria.
- D. Method of Payment

Payment under the Act shall be at a capitation rate of \$17,205 per year for each full-time family practice resident enrolled in the training program as a result of a training contract funded under this Act.

III. Accounting Records and Audits

- A. Accounting

Accounting for contract funds will be in accordance with the training institution's accounting practices based on generally accepted accounting principles consistently applied regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures.

¹Name Change Revised 1/2/04

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)**

Training institutions may elect to commingle capitation funds received under the Act with any other income available for operation of the family practice residency training program provided that the institution maintains such written fiscal control and accounting procedures as are necessary to assure proper disbursement of,

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)**

and accounted for, such commingled funds, including provisions for:

1. The accurate and timely separate identification of funds received under the Act.
2. The separate identification of expenditures prohibited by the contract criteria.
3. An adequate record of proceeds from the sale of any equipment purchased by funds received under the Act.

B. Expenditure Reporting

Reports of training program expenditures and enrollment of family practice residents under the contract must be submitted as requested by the Commission or the Director of the Office of Statewide Health Planning and Development for purposes of program administration, evaluation, or review.

C. Record Retention and Audit

1. The training institution shall permit the Director of the Office of Statewide Health Planning and Development, or the Auditor General, or the State Controller, or their authorized representatives, access to records maintained on source of income and expenditures of its family practice residency training program for the purpose of audit and examination
2. The training institution shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this contract (hereinafter collectively called the "records") to the extent and in such detail as will properly reflect all net costs, direct and indirect, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this contract.
3. The training institution agrees to make available at the office of the training institution at all reasonable times during the period set forth in subparagraph 4 below any of the records for inspection, audit or reproduction by an authorized representative of the State.
4. The training institution shall preserve and make available its records (a) for a period of three years from the date of final payment under this contract, and (b) for such longer period, if any, as is required by applicable statute, by any other clause or this subcontract, or by subparagraph a or b below:

**SONG-BROWN HEALTH CARE WORKFORCE TRAINING ACT
CONTRACT CRITERIA FOR
FAMILY PRACTICE RESIDENCY TRAINING PROGRAM CONTRACTS
PURSUANT TO HEALTH AND SAFETY CODE, SECTIONS 12800, et.
(Revised FEBRUARY 7, 2002)**

- a. If this contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for a period of three years from the date of any resulting final settlement.
 - b. Records which relate to (1) litigation of the settlement of claims arising out of the performance of this contract, or (2) costs and expenses of this contract as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the training institution until disposition of such appeals, litigation, claims, or exceptions.
5. Except for the records described in subparagraph 4 above, the training institution may in fulfillment of its obligation to retain the records as required by this clause substitute photographs, microphotographs, or other authentic reproductions of such records, after the expiration of the two years following the last day of the month or reimbursement to the training institution of the invoice or voucher to which such records relate, unless a charter person is authorized by the State or its duly authorized representatives.

¹**CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OPERATING GUIDELINES
ADOPTED JUNE 10, 1999
(Revised FEBRUARY 17, 2000)**

The California Healthcare Workforce Policy Commission values the expertise and perspective of applicants and encourages their input. In order to manage the application process in the most effective and efficient manner, the Commission has adopted operating guidelines to provide open communication that is fair and manageable and allows for progress to be made in the limited time available. The Commission hopes that the operating guidelines will allow everyone adequate opportunity for input.

GENERAL COMMUNICATIONS:

To communicate outside of Commission meetings, information and/or materials should be forwarded to the Program Administrator, who will consult with the Commission Chair as to how best to disseminate the information to Commissioners.

APPLICATIONS:

The deadline date for completed applications is firm. Exceptions will be made at the discretion of the Chair.

Information missing from incomplete applications may be submitted **only until deadline date**. Exceptions will be made at the discretion of the Chair. Past funding does not guarantee future funding.

FORMAL PRESENTATIONS DURING COMMISSION MEETINGS:

No special audio visual aids may be used during presentations.

Any changes in the order of presentations required by a Program Director's schedule are the responsibility of that Program Director. Staff should be notified in advance of any changes.

Presenters should identify themselves by name, title and institution at the podium.

Presentations should be a maximum of 10 minutes, not including question and answer period from the Commission. Number of presenters should be limited, preferably to one.

Presentation may include:

- Brief summary of the application
- Any new information or information not in the application
- Progress report/updates on activity
- How this application or program is different
- Key highlights/accomplishments
- Any challenges/explanation for why Song-Brown goals cannot be met.

¹Name Change Revised 1/2/04

**¹CALIFORNIA HEALTHCARE WORKFORCE POLICY COMMISSION
OPERATING GUIDELINES
ADOPTED JUNE 10, 1999
(Revised FEBRUARY 17, 2000)**

Any new written information not in the application must be submitted to the Program Administrator and approved by the Chair before presentation to the Commission.

¹Name Change Revised 1/2/04

**GOALS: SONG-BROWN FAMILY PHYSICIAN TRAINING PROGRAM
(Health and Safety Code Section 128200)**

1. To increase the number of competent family physicians [as well as, primary care physician assistants and family nurse practitioners] to provide comprehensive primary care to families in California.
2. To improve the training of medical students and residents in family practice by:
 - Encouraging the development of family practice residency programs and departments at California medical schools.
 - Encouraging the training of family practice physicians in community-based settings (e.g., non-university hospitals, rural facilities) in programs affiliated with accredited medical schools.
 - Encouraging the training of family practice physicians in medically underserved areas
3. To improve access to primary care services in California's medically underserved areas by:
 - Increasing the number of family physicians, primary care physician assistants, and family nurse practitioners who receive quality education and training.
 - Increasing the number of family physicians and primary care physician assistants [and family nurse practitioners] who provide services in medically underserved areas